

**STATE OF NEW HAMPSHIRE
NEW HAMPSHIRE BOARD OF NURSING**

121 S FRUIT ST
CONCORD NH 03301

Webpage: <http://www.nh.gov/nursing/>

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

**LICENSING BY EXAMINATION: APPLICATION PROCESS AND PROCEDURE
(Step-by-Step Instructions)**

- STEP 1:** You must follow Board directives (www.nh.gov/nursing/) to comply with the new FBI fingerprint and NH background check requirements and provide the required fee, payable to: *State of NH – Criminal Records*. **Your criminal record will be processed and sent directly to the Board of Nursing.** Please be aware that the NH Board of Nursing cannot complete the application process until we have received and reviewed your criminal record report. **The Board can only accept completed criminal record reports that are sent to us by the NH State Police.**
- STEP 2:** Fully complete that Application for License by Examination (the first and second page) and mail to the NH Board of Nursing along with the appropriate fee. The on-line application process is available.
- STEP 3:** If you would like to apply for a Temporary nursing license, please fully complete the Application for Temporary License, forward it to the NH Board of Nursing along with the appropriate fee. You must include the Application for License by Examination, or have the Application already on file with this office. **Your temporary license or permanent license must have been issued before you begin any job, including employee orientation.**
- STEP 4:** Please be sure to have the Office of Registrar at your nursing school send an official transcript to this office.
- You will not receive any information regarding your application status from the NH Board of Nursing.
- STEP 5:** Register with Pearson Testing Service. You can register on line at www.pearsonvue.com/nclex or by phone at 1.866.496.2539. The registration fee is \$200.00.
- STEP 6:** When the completed Application for License by Examination and required supporting documentation has been received, Pearson Testing Service will send your Authorization to Test (ATT). The ATT does not come from the Board of Nursing. **DO NOT** lose the ATT and take it with you to your exam, as the testing service will not allow you to test without it.
- STEP 7:** When you have received your ATT, please read the letter and follow the instructions carefully to schedule your examination. The Board of Nursing does not schedule your exam dates.
- STEP 8:** Be sure to note the date, time and place of your exam on the ATT. You will not receive a confirmation of your scheduled test date.
- STEP 9:** Your test results are usually processed 24-48 hours after testing. They can be verified on our web site at www.nh.gov/nursing/ and go to License Verification. **PLEASE DO NOT CALL THE BOARD OFFICE ASKING ABOUT THE STATUS OF YOUR APPLICATION.** IF YOU HAVE QUESTIONS, E-MAIL Board Questions at boardquestions@nursing.state.nh.us with subject NCLEX.

APPLICATION AND REGISTRATION FEES ARE NON-REFUNDABLE

Application/licensing process not completed within 180 days will be purged.

New Hampshire has a mandatory licensing law; No one shall practice nursing in New Hampshire without a current New Hampshire license or a current license in a compact state.

RN/LPN examination – 12/19/13



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Application Process for Licensing by Examination

If you are a RN student taking the LPN exam or a Masters Degree student taking the RN exam, please see Licensing by Examination Comparable Education form.

☐ YES I have completed and attached the NH Board of Nursing Application for Licensing by Examination.
(Note: You must answer **ALL** questions, and **SIGN**, and **DATE** the form).

☐ YES I have paid the correct fee.

☐ YES I have requested a transcript from the nursing educational program registrar and the completed verification form **“Nursing Courses Successfully Completed”** signed by the director of the nursing program directly to the Board attesting to the successful completion of:

- NCLEX-PN: Fundamentals of Nursing, Medical/Surgical Nursing, Parent/Child Health. These three courses plus any additional “nursing” courses taken must equal a minimum 600 hours - concurrent classroom and clinical education.
- If you are taking the LPN examination by Comparable Education – you can apply for and take the exam only once.

☐ YES I have requested that my nursing educational program send a copy of my **final, official transcript** to the Board of Nursing. (A transcript is not required for foreign educated nurses).

☐ YES I have followed Board directives (www.nh.gov/nursing/) to complete the FBI fingerprint card.
Your criminal record will processed and sent directly to the Board of Nursing. This process can take up to 8 weeks for completion. Please be aware that the NH Board of Nursing cannot complete the application process until we have received and reviewed your completed criminal record report. **The Board can only accept completed criminal record reports that are sent to us by the NH State Police.**

Graduates of foreign registered nurse programs must submit official evidence of successful completion of the **Commission of Foreign Nursing Schools (CGFNS)** examination or CGFNS full course by course credentials evaluation. Canadian educated nurses are not considered foreign for this application.

- When the Board of Nursing has received your application, fee, transcript and criminal background report from the NH State Police, the Board will notify the Testing service that you are eligible to test.
- The Testing service will send or e-mail you an Authorization to Test (ATT).
- You will call or e-mail the Testing Service to set up your appointment to test.

If you require accommodations when taking this examination, obtain the “Request for Accommodation” form and submit that completed form with the examination application. If accommodation is not requested at the time of application, on-site accommodations will not be available.

Print Name:

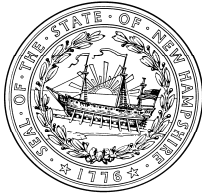
Signature:

Date:

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For Office Use Only

Fee: _____
Rec'd: _____
Ck/mo#: _____
_____/_____
TL# _____ Issued
Reg.# _____
Issue Date: _____

Date Initials

A _____
B _____
E _____
X _____
C _____

Nursing 603-271-2323

Nurse Asst. 603-271-6282

Application for New Hampshire Nursing License by Examination

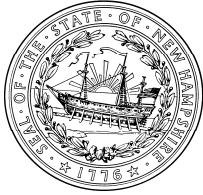
Select One – RN ☐ LPN ☐

Last Name:		First Name:		Middle Initial:	Maiden/Other Names Used:
Mailing Address:				E-Mail address:	
Primary Residence if different than above: (Required)				Sources used to determine a nurse's primary residence for the Nurse Compact include, but are not limited to, driver's license, federal income tax return, voter registration or military payroll documents.	
City or Town:		County:	State:	Zip Code:	
Date of Birth ____/____/____		Phone Number (____) ____-____		Social Security #: (required) ____/____/____	
<p>1. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2. Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice that has not been annulled? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>3. Have you ever been convicted of a felony or any criminal act, not including traffic offenses? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(Note: Driving While Intoxicated and Driving Under the Influence are not "traffic violations.")</p> <p>4. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If you answered YES to questions 1-4, you MUST attach a letter of explanation.</p> <p>5. Do you want your name and address on a list of nurses that may be made available for purchase? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>6. Do you want your name and address on a list that may be made available for individuals conducting health care research? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>7. Do you grant permission to the NH Board of Nursing to release your licensure examination score to the school from which you graduated? YES <input type="checkbox"/> NO <input type="checkbox"/></p>					
Please list every state in which you have ever held a license as a RN, LPN or certificate/ registration as a NA (you may use back of form)		State:	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA	State:	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NA
Name and address of Nursing School:					
Graduation Date: ____/____/____ (Month) (Day) (Year)		Withdrawal Date: ____/____/____ (Month) (Day) (Year)		Anticipated Graduation Date: ____/____/____ (M) (D) (Y)	
Type of Program: Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master's <input type="checkbox"/> Doctor of Nursing <input type="checkbox"/>					
Have you ever failed an examination for nursing or nursing assistant license? YES <input type="checkbox"/> NO <input type="checkbox"/>					
State: _____		Date: ____/____/____		RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/>	
Anticipated Employer Name: _____ (If none anticipated, please write none)					
Employer Address: Not currently employed: <input type="checkbox"/>					
Make check payable to: "TREASURER, STATE OF NEW HAMPSHIRE" (Fees are non-refundable)				FEE: Licensure by Examination \$120.00	
UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3).					
Full signature:				Date of Application:	

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LICENSING BY EXAMINATION COMPARABLE EDUCATION

Requested by: _____
Student name

If you are a RN student taking the LPN exam this form **MUST** be submitted to the Director of your nursing school, they must provide the following information directly to the NH Board of Nursing. Otherwise disregard this page.

Directions: Please clearly identify the course content areas of Fundamentals of Nursing, Medical/Surgical Nursing and Parental Child Health. Indicate the specific course information requested.

Do not attach additional materials unless requested by the Board.

NURSING COURSES SUCCESSFULLY COMPLETED					
COURSE NUMBER	COURSE TITLE	SPECIFIC COURSE CONTENT	THEORY HOURS	LAB HOURS	CLINICAL HOURS
TOTAL HOURS:					

Name of Nursing Program

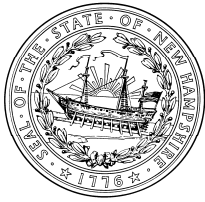
Director of Nursing Program

Date

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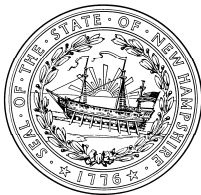
Application Process for Temporary Licensure – By Examination

New Hampshire may issue a temporary license for candidates seeking to take the NCLEX examination	
<u>Note:</u> An application for permanent licensure must be accepted before the application for temporary licensure can be accepted.	
<p>Graduate Nurses</p> <ul style="list-style-type: none"> Completed examination application with fee and completed temporary license application. Verifying documents indicating successful completion of the nursing program. Foreign registered nurses must have on file evidence of successful completion of the examination offered by the Commission on Graduates of Foreign Nursing Schools (CGFNS) or CGFNS full course by course credentials evaluation.. Canadian applicants must have on file a final official transcript from their nursing program translated in English if applicable, and a copy of the Canadian Nurses' Association Testing Service Comprehensive Examination noting a passing score. Temporary Licenses are valid for 120 days or until test results have been processed. <p><u>Please note:</u> Temporary Licenses are only valid so long as the Examination Application is valid. When the application for license by exam expires and is purged, the temporary license becomes invalid.</p>	<p>Graduate Practical Nurses</p> <ul style="list-style-type: none"> Completed examination application with fee and completed temporary license application. Verifying documents indicating successful completion of the nursing program. <p>Comparable Graduates Nurses and Graduate Practical Nurses</p> <ul style="list-style-type: none"> A transcript from the program and documentation attesting to the successful completion of : <ul style="list-style-type: none"> NCLEX-PN 600 hours of appropriate concurrent nursing theory and clinical practice accrued through nursing courses (Fundamentals of Nursing, Medical/surgical Nursing, Parental Child Health). NCLEX-RN 1080 hours of appropriate concurrent nursing theory and clinical practice accrued through nursing courses.

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 DD Access: Relay NH1-800-735-2964

For Office Use Only
 Fee: _____
 Rec'd: _____
 Ck/mo#: _____
 / /
 TL# Issued Expire
 Reg.# _____
 Issue Date: _____

Date	Initials
A _____	_____
B _____	_____
E _____	_____
X _____	_____
C _____	_____

Nursing 603-271-2323

Nurse Asst. 603-271-6282

Application for New Hampshire Temporary Nurse Licensure

Select One Application Type							
U.S. New Graduate: G.N. <input type="checkbox"/> G.P.N. <input type="checkbox"/>		Canadian Nurse: R.N. <input type="checkbox"/> only					
Comparable Ed. : G.N. <input type="checkbox"/> G.P.N. <input type="checkbox"/>		Foreign Educated: R.N. <input type="checkbox"/> only					
Last Name:		First Name:		Middle Initial:		Other Names Used:	
Mailing Address:							
City or Town:			County:		State:		Zip Code:
Primary Address				Sources used to determine a nurse's primary residence for the Nurse Compact include, but are not limited to, driver's license, federal income tax return, voter registration or military payroll documents			
Date of Birth: ____/____/____		Phone Number: () _____		Social Security # (required): ____/____/____			
Name of Nursing School:							
Location of Nursing School – City or Town:			County:		State:		Zip Code:
Graduation Date: ____/____/____		OR	Anticipated Graduation Date: ____/____/____		OR	Program Withdrawal Date: ____/____/____	
Type of Program: Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master's <input type="checkbox"/> Doctor of Nursing <input type="checkbox"/>							
Have you ever failed an examination for nursing or nursing assistant license?						YES <input type="checkbox"/> NO <input type="checkbox"/>	
State/Province/Country: _____		Date: ____/____/____		RN <input type="checkbox"/> LPN <input type="checkbox"/> NA <input type="checkbox"/>			
For Foreign Educated Nurses: I have successfully completed CGFNS				Date: ____/____/____			
Anticipated Employer Name: (If none anticipated, please write none)							
Employer Address:			County		State:		Zip code:
Have you ever held a temporary license in N.H. ? YES <input type="checkbox"/> NO <input type="checkbox"/>			For Canadian Nurses Only: <ul style="list-style-type: none"> I have been duly licensed by the province in which the examination was taken. YES <input type="checkbox"/> NO <input type="checkbox"/> I have graduated from an approved nursing education program in Canada and have written the English version of the CNATS comprehensive examination since the year 1980 and received a minimum passing score of 400. YES <input type="checkbox"/> NO <input type="checkbox"/> 				
TYPE: RN <input type="checkbox"/> LPN <input type="checkbox"/>							
Is your application for examination/re-entry/endorsement filed with the Board? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Date Filed: ____/____/____							
Make check payable to: "TREASURER, STATE OF NEW HAMPSHIRE" (Fees are non-refundable)					FEE: Temporary Licensure \$20.00		
UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37 and may be grounds for conviction of a misdemeanor (RSA 641:3).							
Full signature:				Date of Application:			

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New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BOARD OF NURSING RECORD INFORMATION AUTHORIZATION

BOARD OF NURSING NH RSA 326-B:15

LIVE SCAN - \$41.50 or INKED - \$51.50

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION
MUST BE COMPLETED

NAME _____
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

NH NURSING/NURSING ASSISTANT LICENSE # (IF APPLICABLE): _____

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF, **ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NEW HAMPSHIRE BOARD OF NURSING

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS 121 S. FRUIT ST. CONCORD NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm Exp.)

NH BOARD OF NURSING DATE _____

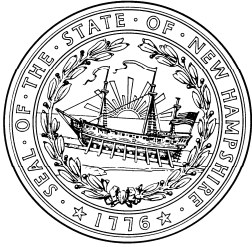
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: Make Checks payable to: State of NH – Criminal Records

Applicant fingerprint card must be submitted at the same time as payment and this form.

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Declaration of Primary State of Residence

Declaration of primary state of residence:

Pursuant to the Nurse Practice Act (RSA 326-B: 46- Nurse Licensure Compact), a nurse applying for a license shall produce evidence of the nurse's primary state of residence. *The primary state of residency is where you vote, pay taxes, hold a driver's license, etc.* In order for New Hampshire to issue or reactivate your permanent license you cannot hold an active license in another compact state. **PLEASE PROVIDE A CLEAN, LEGIBLE COPY OF YOUR STATE ISSUED DRIVER LICENSE OR A GOVERNMENT ISSUED ID AS PROOF OF RESIDENCY.**

For more information on nurse licensure compact, visit our website or visit www.ncsbn.org.

Changes of address that are not sent to the NH Board of Nursing within 30 days of occurrence require a \$10.00 fee paid before renewal of license can be completed.

Applicant Information:

Name (please print): _____

Date of Birth: ____/____/____ Phone Number: (____) ____-____

Social Security#: XXX-XX - ____

Please check appropriate categories below:

____ RN ____ LPN ____ APRN

____ Exam ____ Endorsement ____ Reinstatement (NH Nursing License # _____)

Check one of the following:

____ My primary state of residence is New Hampshire. (I have provided a clean, legible copy of my drivers' license)

____ I do not declare New Hampshire as my primary state of residency. My permanent residence is a state *not participating in the nurse licensure compact*. My license will be valid in New Hampshire only.

____ I am declaring another compact state as my primary state of residence. Please put my New Hampshire license on *inactive status*.

____ I am employed exclusively in the US Military (Active Duty) or with the U.S. Federal Government and am requesting a New Hampshire single-state license regardless of my primary state of residence.

Current primary/home address:

Address: _____ City: _____

State: _____ Zip Code: _____

Signature

Date

UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3)

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